



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ved V Aggarwal MD

Respondent Name

TPCIGA for Fremont Indemnity Co

MFDR Tracking Number

M4-16-3349-01

Carrier's Austin Representative

Box Number 50

MFDR Date Received

July 5, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim is being denied with code stating "based on findings of a review organization" this is not correct on the processing center, it is imperative that the claim be reviewed again for reconsideration, due to the codes are pertaining to Laboratory Services ordered by Dr. Ved V Aggarwal MD. All codes according to CMS are payable for Pain Management Services and Labs are ordered once again to "Detect any form of Drug Abuse/Monitor Medication" and Do Not have to Authorization to render these type of services."

Amount in Dispute: \$635.83

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Therefore, since these services exceeded treatment approved by the ODG and they are not part of a treatment plan approved by the insurance carrier, they require preauthorization and also for being denied at Retrospective Utilization Review."

Response Submitted by: Texas Property & Casualty Insurance Guaranty Association

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 13, 2015	Urinary Drug Screens	\$635.83	\$94.54

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical

services.

3. 28 Texas Administrative Code §133.240 sets the guidelines for medical payments and denials.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – Precertification/notification absent
 - 216 – Based on retrospective utilization review findings
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. Is the respondent's position statement supported?
2. What is the applicable fee rule?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent states, "The denials applied to these services at the time of our review were for no prior authorization and also for being denied at Retrospective Utilization Review." 28 Texas Administrative Code §133.240 (p) states in pertinent part,

For the purposes of this section, all utilization review must be performed by an insurance carrier that is registered with or a utilization review agent that is certified by the Texas Department of Insurance to perform utilization review in accordance with Insurance Code, Chapter 4201 and Chapter 19 of this title...

Review of the submitted documentation finds insufficient evidence to support the requirements of Rule 133.240 was met in regards to Retrospective Review agent. Therefore, the respondent's statement is not supported. The services in dispute will be reviewed per applicable rules and fee guidelines.

2. The services in dispute are for clinical laboratory services and are subject to 28 Texas Administrative Code §134.203, Medical Fee Guideline for Professional Services. 28 Texas Administrative Code §134.203(b) states in pertinent part,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Review of the submitted medical claim finds the health care provider billed the following:

- 82542 - Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
- G6056 - Opiate(s), drug and metabolites, each procedure
- 83992 - Phencyclidine (PCP)
- G0431 - Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
- G6030 - Assay of amitriptyline
- G6031 - Assay of benzodiazepines
- G6032 - Assay of desipramine
- G6034 - Assay of doxepin
- G6036 - Assay of imipramine
- G6037 - Assay of nortriptyline
- G6040 - Assay of alcohol (ethanol); any specimen except breath
- G6041 - Alkaloids, urine, quantitative

- G6042 - Assay of amphetamine or methamphetamine
- G6044 - Assay of cocaine or metabolite
- G6045 - Assay of dihydrocodeinone
- G6046 - Assay of dihydromorphinone
- G6052 - Assay of meprobamate
- G6053 - Assay of methadone
- 80171 - Gabapentin, whole blood, serum, or plasma

Review of the National Correct Coding Initiative Manual found at,

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>, Chapter 12, Section 12, states in pertinent part,

*HCPCS code G0431 (drug screen... by high complexity test method..., **per patient encounter**) is utilized to report drug urine screening performed by a CLIA high complexity test method. This code is also reported with only one (1) unit of service **regardless of the number of drugs screened**.*

As the other services in dispute are all for additional drug screenings, pursuant to the above, only code G0431 is payable.

28 Texas Administrative Code 134.203 (e) states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

(1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,

The applicable 2015 Clinical Laboratory found at, www.cms.hhs.gov is, G0431 - \$75.63. The maximum allowable reimbursement is \$75.63 x 125% = \$94.54. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$94.54.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$94.54 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

		August , 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.